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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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1.		N114JR, LLC					
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SPECI INSTI		ZCTIONS:					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



N114JR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000207533}{L23000207533}$	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Code
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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JAMIE ROBLEDO	8955 US HWY 501 N. #195	
		PARRISH, FL 34219	■Remove
			Change
MGR	JAIME ROBLEDO CADAVID	8955 US HWY 501 N. #195	
		PARRISH, FL 34219	Remove
			□Change
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fective date, if other than in effective date is listed, the date	the date of filing: must be specific and cannot be	be prior to date of filing	or more than 90 days at	Atonal) ler filing.) Pursuant to 605.0	0207 _L
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is filed.				•	
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Filing Fee: \$25.00

Typed or printed name of signee